



LOS ANGELES COUNTY COMMISSION ON HIV

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The Public Policy Committee acts in accordance with the role of the Commission on HIV, as described in Los Angeles County Code 3.29.090. Consistent with Commission Bylaws Article XIII, Section 2, federal resources are not used to support Public Policy Committee activities.

PUBLIC POLICY COMMITTEE MEETING MINUTES April 2, 2014

APPROVED
5/28/2014

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	COMM STAFF/ CONSULTANTS
Aaron Fox, MPM, <i>Co-Chair</i>	Shoshanna Scholar	Erik Sanjurjo, MA	Jane Nachazel
Richard Zaldivar, <i>Co-Chair</i>		Jason Wise	Craig Vincent-Jones, MHA
Kyle Baker			
Lee Kochems, MA	MEMBERS ABSENT		
Rob Lester, MPP	Joseph Cadden, MD		DHSP STAFF
Gregory Rios	Sabel Samone-Loreca/Susan Forrest		Melissa Roldan
Ricky Rosales			

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- 1) **Agenda:** Public Policy Committee Agenda, 4/2/2014
- 2) **Minutes:** Public Policy Committee Meeting Minutes, 11/20/2013
- 3) **Key Communication:** Invasive Meningococcal Disease Update: New Vaccine Recommendations for Men who Have Sex with Men (MSM), 4/2/2014
- 4) **Press Release:** Public Health Issues New Vaccination Recommendations for Men who Have Sex with Men (MSM) At-Risk for Invasive Meningococcal Disease, 4/2/2014
- 5) **Press Release:** Meningococcal Vaccination Clinics, 4/2/2014
- 6) **Memorandum:** Proposed 2014 Policy Priorities and Agenda, 7/9/2014
- 7) **Budget Priorities:** FY 2014-2015 CA HIV Alliance Budget Priorities, 2014
- 8) **Bill:** AB 966 (Bonta) Prisoner Protections for Family and Community Health Act, 1/6/2014
- 9) **Bill:** SB 439 (Steinberg/Leno) Medical Marijuana, 8/5/2013
- 10) **Bill:** SB 1150 (Hueso) Medi-Cal: federally qualified health centers and rural health clinics, 3/19/2014
- 11) **Bill:** SB 1224 (Correa) Federally qualified health centers and rural health clinics, 3/6/2014
- 12) **Bill:** AB 1576 (Hall) Occupational safety and health: adult films, 3/6/2014
- 13) **Bill:** AB 1743 (Ting) Hypodermic needles and syringes, 2/27/2014
- 14) **Bill:** AB 1805 (Skinner/Pan) Medi-Cal: reimbursement: provider payments, 2/27/2014
- 15) **Bill:** AB 1898 (Brown) Public health records: reporting: HIV/AIDS, 2/27/2014
- 16) **Bill:** SB 280 (Lieu/Lara) Insurance affordability programs: application form, 1/6/2014
- 17) **Bill:** SB 1005 (Lara) Health care coverage: immigration status, 2/27/2014
- 18) **Bill:** SB 1161 (Beall) Juveniles, Youth Bill of Rights, 3/6/2014
- 19) **Bill:** SB 1165 (Mitchell/Block) Pupil instruction: dating violence, sexual abuse, and sex trafficking prevention education, 3/6/2014
- 20) **Bill:** HR 4260 (Ellmers) "Ryan White Patient Equity and Choice Act," 3/10/2014

1. **CALL TO ORDER:** Mr. Zaldivar called the meeting to order at 1:25 pm.

2. **APPROVAL OF AGENDA:**

MOTION #1: Approve the Agenda Order (*Passed by Consensus*).

3. APPROVAL OF MEETING MINUTES:

MOTION #2: Approve the 11/20/2013 Public Policy Committee meeting minutes, as presented (***Passed by Consensus***).

4. PUBLIC COMMENT (*Non-Agendized or Follow-Up*): There were no comments.

5. COMMITTEE COMMENT (*Non-Agendized or Follow-Up*): There were no comments.

6. CO-CHAIRS' REPORT:

- Mr. Fox noted the Department of Public Health (DPH) press release in the packet on Invasive Meningococcal Disease (IMD). Mr. Baker said the DPH, Acute Communicable Disease Control (ACDC) Branch, addresses overall disease surveillance. That charge is not part of DHSP's scope. While DHSP can answer some questions, information comes from ACDC.
- ACDC identified eight IMD cases in 2014. Of those, four were in MSM of whom three were HIV+. Two of the four have died.
- In April 2013, a West Hollywood attorney also contracted IMD. That was unrelated per CDC definitions, e.g., geographically or to a recent New York outbreak. There was no vaccination recommendation, but DPH said those who felt at increased risk should consult their physician. Vaccine was made available through DPH and Department of Health Services (DHS) clinics if the standard of care suggested vaccination. Some local agencies also offered vaccine.
- The 2014 cases do not meet the CDC definition for an epidemic, but DPH found a sufficient public health concern to be proactive and recommend vaccination for two populations: PLWH who are MSM and high-risk HIV- MSM.
- DPH released the new recommendations in the last 36 hours. DHSP is helping disseminate information by contacting all its providers. He noted Jeff King's In The Meantime email was inaccurate, e.g., this is not an outbreak and not everyone needs to be vaccinated. The DPH website has more information as do some agencies, e.g., the LA Gay and Lesbian Center (LAGLC).
- There are five, geographically distributed DPH clinics offering free vaccine. The list, on the DPH website, was in the packet. DHSP is working to ensure its providers have vaccine as needed. Ryan White will pay for the vaccine for appropriate clients.
- Mr. Fox asked about HIV- population guidelines. Mr. Baker reported Mario Pérez, Director, DHSP, was then on a call with Dr. Jonathan Fielding, Director, DPH, and Health Officer, Los Angeles County, regarding how to address such questions.
- Mr. Zaldivar suggested a phone conference to provide accurate information to providers in the field. Mr. Baker noted there were two conference calls and a community forum in 2013. A core group developed and they are being updated.
- Mr. Vincent-Jones highlighted the press release versus the key communication as the former notes modes of transmission.
- Mr. Kochems asked about the Long Beach and Pasadena health jurisdictions. Mr. Baker reported DHSP has attempted to reach Dr. Mitchell Kushner, Long Beach, and Dr. Eric Walsh, Pasadena. Dr. Kushner had not been reached as of the prior night. He chose not to disseminate information in 2013.
- Mr. Vincent-Jones said agencies may not want to send out boilerplate material, but not want to adapt it themselves for fear of inaccuracy. DHSP might help our partners develop accurate materials appropriate for their populations.
- Mr. Fox offered the LAGLC West Hollywood site for vaccine distribution. Mr. Baker said Debbie Davenport oversees public health clinics and is operationalizing the response, e.g., working to get sufficient vaccine and ensure balanced distribution.
- Mr. Vincent-Jones asked about DHS clinics. Mr. Baker was not involved in conversations with DHS, but Dr. Fielding called Dr. Mitchell Katz, Director, DHS, the prior evening and was in contact with him a few months ago as well. DHSP does contract services at some DHS clinics so Ryan White-eligible patients could access services at those clinics as well.
- Mr. Kochems noted the Public Health News press release mentions smoking pertaining to marijuana, cigarettes and hookahs, but not meth-related items such as pipes. He suggested expanding the list so those using those items do not dismiss the advisory. Mr. Baker said such lists can never be exhaustive. He preferred simply "at risk" for that reason.
- ➡ During the meeting, Mr. Baker emailed the conference call suggestion. It was well received so was likely to occur soon.
- ➡ Mr. Baker will forward the LAGLC offer to DPH. LAGLC may also offer directly.
- ➡ Mr. Vincent-Jones and Mr. Baker will meet to explore how the DHSP and Commission databases can be better coordinated to improve the Commission's ability to support DHSP information dissemination efforts overall.

7. 2014 POLICY AGENDA:

A. Policy Agenda Revision/Review:

- Mr. Vincent-Jones noted the Agenda was revised based on comments at the March Commission meeting.
- Priority 5: Language added on “greater use of data in epidemiological, demographic and disease management; quality and performance improvement; population impact forecasting and other HIV care/prevention service delivery aspects.”
- Priority 6: Language added to include PEP as a highlighted biomedical intervention and to expand referenced funding resources to include Ryan White resources beyond ADAP.
- A new agenda bullet promotes data-sharing solutions and prioritizes data collection consistency across systems to resolve incongruity in HIV and STD-related data sets and health information systems. A sub-bullet advocates adding Viral Load as a national HEDIS (Health Effectiveness Data and Information Set) measure to strengthen viral suppression as a commonly shared outcome in care/treatment services, quality management and performance measurements.
- Mr. Vincent-Jones noted there was a long discussion about PrEP at the last Public Policy meeting. Several Commission members have called attention to the fact that the Commission has not taken a position on PrEP. He noted that the Commission had never really taken a position in support of PEP, although support for it was uniform. As a result, the opportunity to make a statement about it has passed, although the Commission could advocate for related issues—such as revisiting the Ryan White restriction on the use of RW dollar for PEP and advocating for a policy that more appropriately reflects the National HIV/AIDS Strategy (NHAS).
- Mr. Fox reported LAGLC, AIDS Project Los Angeles and Project Inform recently met with Medi-Cal to advocate for removing the requirement for a Treatment Authorization Request (TAR) to access PrEP. TAR criteria were complex and intrusive. The request was to reclassify PrEP as a Code 1 (i.e., usual medication) with criteria of being HIV- and at risk.
- Medi-Cal agreed with the proposal and has completed renegotiating its contract with Gilead. It will release a provider bulletin shortly on removal of the TAR. The Medi-Cal policy barrier has now been removed, but education on the value of PrEP is still needed. Some may still question whether to use it, but that debate has been effectively settled.
- Mr. Baker said he and Mr. Pérez have long advocated on the national level for Ryan White to fund PrEP. He anticipated the subject will be addressed during the next reauthorization. Mr. Vincent-Jones said Reauthorization Principles already address PrEP, but language could be more pointed.
- Mr. Fox noted the CDC can fund administration, but not medications. Mr. Baker added Ryan White could do the same with Gilead providing the medication.
- Levels of PrEP understanding differ so a panel on the subject would be helpful. Mr. Fox noted a prior forum in West Hollywood. Dr. Terry Mills can speak as a physician and gay man while David Evans, Project Inform, can speak about all aspects of the subject. Mr. Vincent-Jones asked about an opposition voice, but the Committee felt it was unnecessary not to include one. Mr. Sanjurjo noted some people are not opposed, but prefer to limit PrEP. Mr. Fox replied anyone can ask questions.
- ➡ Schedule a PrEP panel for the May Commission meeting. The panel will not include opposition voices, but will identify speakers who can address the full range of issues. Prepare a separate motion to approve Commission support of PrEP.

MOTION #3: Revise and approve the 2014 Policy Agenda, as requested at the 2/13/2014 Commission meeting, and re-submit to the Commission for approval (***Passed by Consensus***).

8. LOCAL POLICY:

A. LA City AIDS Coordinator's Office Budget:

- Mr. Rosales reported resources have been identified to fully fund the three-month gap between the end of the prior Federal funding grant and the start of funding on 7/1/2014 via the City budget. The formal recommendation needed for the City Council vote is being written. After the vote, he can write supplemental contracts for the three month gap.
- In the long term, it appears there will be two budget years with half of the funds from the City General Fund and the other half again from the prior Federal grant. The first estimate was for a 43% overall budget cut. That has been reduced to 11% to be reflected in Mayor Eric Garcetti's budget. The City Council can still fill that gap if it chooses to do so.
- Ms. Scholar asked if continued advocacy would be helpful at this point. Mr. Vincent-Jones said the advocacy letter was rewritten several times to reflect the changing situation. It now asks for full funding.
- Mr. Rosales continues talking with City Council Offices and spoke with the Mayor's Office that day to prioritize the recommendation for bridge funding so he can pay programs promptly. He has been working primarily with the Chief Legislative Analyst on bridge funding and the Chief Administrative Office on long-term funding.

- Ms. Scholar noted there was substantial community support, for example, at the Budget Committee meeting. Mr. Rosales said the City Council has always been supportive, but the community support helped as other programs were also affected.
- Ms. Scholar suggested working with waste management to initiate public sharps disposal boxes. Mr. Sanjurjo added waste management pays private recyclers to pick up recyclables from apartments so might pay the AIDS Coordinator's Office to collect and dispose of sharps. He had a contact, Kevin James, who might be able to help.
- Mr. Rosales said Councilmember Paul Krekorian's Office asked why the HOPWA formula results in approximately \$50 million for New York City, but only some \$15 million for Los Angeles. Mr. Vincent-Jones said New York City also receives more in Ryan White Part A funds – approximately \$120 million to Los Angeles County's \$35 million. He said NYC's epidemic is 3 – 4 times as large as LA County's so the awards are not that far out of reasonable/realistic range.
- If the HOPWA formula is similar to the Ryan White formula, part of it is based on accumulated cases, i.e., "hold harmless." He had tried to obtain the actual RW formula for years, which they finally did after filing a Freedom Of Information Act (FOIA) request, and he knows that part of the formula would have had to be changed after the last Reauthorization but hasn't monitored other ways they might have changed it.
- Mr. Wise noted the Obama administration has suggested changing the formula for all Federal HIV/AIDS funding.
- ➡ Staff will follow-up on information regarding the difference between New York City and Los Angeles County Federal funding for HIV/AIDS programs.

B. LA City Ballot Initiative(s): This item was postponed.

C. LA County Board of Supervisors Transition: This item was postponed.

9. 2014 LEGISLATIVE DOCKET:

- Mr. Vincent-Jones noted the docket is more targeted than in the past. Possible positions are: watch, support, support with modifications, oppose or oppose with modifications.
- Positions are recommendations to the Chief Executive Office for inclusion in the County docket. The Commission can discuss its positions with legislative offices, but cannot portray them as County positions unless the County has adopted them. If asked about a position the County has not adopted, the representative can reply the Commission has recommended the position to the County. The County must support any legislation the Commission wants to sponsor.

MOTION #4: Approve the 2014 Legislative Docket as determined by the Committee, and forward to the Commission for approval (***Passed by Consensus***).

A. State Legislation of Interest:

1) SB 280 (Lieu/Lara): Insurance Affordability Programs: Application Form:

- SB 280 expands health data collected statewide to include more precise information about sexual orientation and gender identity. It is voluntary for the provider. Concurrently, a group of advocates is working to include these revisions in the application form for Covered California and Medi-Cal prior to the next open enrollment period.
- Questions address sexual orientation, gender identify and sex assigned at birth and are voluntary for the patient.
- ➡ ***Support SB 280.***

2) SB 1005 (Lara): Healthcare Coverage: Immigration Status:

- SB 1005 proposes a Medi-Cal-like system to provide care and treatment services for the undocumented; a population of State residents not covered by the Affordable Care Act (ACA). Mr. Fox acknowledged the bill would not pass. Supporters are using it to maintain focus on the issue of services for those not covered by the ACA.
- Mr. Vincent-Jones noted Michael Johnson questioned how the bill would impact payments to Federally Qualified Health Centers (FQHCs) who now serve that population, but Mr. Fox anticipated their rates would increase.
- Mr. Vincent-Jones noted that while, on the surface of it, the bill might seem controversial because some Supervisors are not inclined to support services for the undocumented, it would mean that the State would be picking up costs normally paid by the County. Supervisors tend to prioritize savings for the County above all other issues.
- Mr. Baker said DHS generally is successful in leveraging Federal and State dollars while planning County services. It would be difficult for the Board to take a position on a bill such as this because it raises a policy issue.
- ➡ ***Support SB 1005.***

3) **Other Proposed Legislation:**

- **AB 966 (Bonta) Prisoner Protections for Family and Community Health Act** was previously introduced, but vetoed by Governor Brown. The veto message was inconsistent as it addressed conjugal visits whereas the bill addresses condoms for MSM in prison. AIDS Healthcare Foundation would provide condoms. The County supports the bill.
 - ▶ Although sodomy is illegal in the State correctional system, the bill would require the California Department of Corrections and Rehabilitation (CDCR) to develop a 5-year plan to extend availability of condoms in prisons.
 - ▶ The one-year CDCR pilot study at Solano State Prison found no increased risk to safety or security and a likely reduced risk of transmission of HIV, STDs and hepatitis for reduced CDCR and community medical costs.
 - ▶ Several suggested adding an implementation plan, but Mr. Kochems expressed concern that would energize opponents who support keeping sodomy illegal in the correctional system. The key is to obtain more condoms.
 - ▶ Mr. Vincent-Jones asked if addressing the anti-sodomy law wouldn't be necessary for implementation in any case because there is an inherent conflict in providing condoms for use in an illegal activity.
- ➡ **Support AB 966** and encourage the author to include an implementation plan in the 5-year plan.
- **SB 439 (Steinberg/Leno) Medical Marijuana** provides for the regulation and licensing of providers who prescribe medical marijuana. This re-introduced bill that did not move in the prior Session and has not moved in this Session.
- ➡ **Watch SB 439.**
- **SB 1150 (Hueso) Medi-Cal: federally qualified health centers (FQHCs) and rural health clinics** increases the number of visits an FQHC can bill for one patient on one day from one to two making it easier, e.g., to schedule an internist and mental health visit on the same day. Mr. Vincent-Jones suggested a recommendation that lifted the cap entirely.
- ➡ **Support SB 1150** and urge the author to remove the two-visit cap to allow for more visits if necessary and feasible.
- **SB 1224 (Correa) Federally qualified health centers and rural health clinics** is a companion bill to SB 1150.
- ➡ **Support SB 1224** with the same recommendation as for SB 1150 noted above.
- **AB 1576 (Hall) Occupational safety and health: adult films** pertains to occupational safety and health measures in the production of adult films. Mr. Vincent-Jones noted that the Commission has already taken a position in favor of requiring condom usage in the adult film production.
- ➡ **Continued support for AB 1576** based on prior issue support position.
- **AB 1743 (Ting) Hypodermic needles and syringes** extends the original bill and the pilot syringe programs it enabled that will close due to a sunset provision in the original bill. The Commission supported the prior bill.
 - ▶ Mr. Rosales asked about pilot results. Ms. Scholar noted the pilot lacked a pharmacy education component so most pharmacies do not avail themselves of the options except Walgreen's and some independent pharmacies.
 - ▶ Mr. Kochems felt it critical to add an education and community awareness component to the bill, e.g., minimally, signage. Mr. Vincent-Jones was concerned that would constitute an unfunded mandate which increases the number of votes required to pass legislation. That would most likely cause the bill to fail, but the local service community could be encouraged to investigate outreach/education without that becoming an unfunded mandate.
- ➡ **Support AB 1743** with recommendation to local service community to investigate ways for pharmacies to provide community outreach and education.
- ➡ Request Project Inform report on any results from the pilot that preceded AB 1743.
- **AB 1805 (Skinner/Pan) Medi-Cal: reimbursement: provider payments** would repeal the 10% cuts in provider reimbursements imposed in 2011 due to the State budget crisis, but would not restore funding lost in those years. Mr. Vincent-Jones noted this would require a two-thirds majority so it was unlikely to pass.
- ➡ **Support AB 1805.** Recouping other lost funds could be addressed through budget language if there is the legislative will.
- **AB 1898 (Brown) Public health records: reporting: HIV/AIDS** provides for sharing of communicable disease and STD information – detailing a number of conditions where prior legislative language has hindered public health response – with the relevant authorities to improve public health success. It continues to protect patient-level HIV and STD from data breaches and other privacy invasions.

- ▶ Mr. Baker said Dr. Douglas Frye, HIV Surveillance, DHSP, provided key language for the bill along with other HIV epidemiology and surveillance groups around the State. Dr. Frye supports the bill, but would prefer it included stronger penalties for an HIV data breach. That was not accepted, but is reflected in other legislation.
- ▶ The County Chief Executive Office requested DHSP feedback. It provided an analysis with Dr. Frye's input and recommended support. The County has not taken a position. Mr. Vincent-Jones suggested particularly strong support for this bill to encourage the County to take a support position.

➡ **Support AB 1898.**

- **SB 1161 (Beall) Juveniles, Youth Bill of Rights** makes technical, non-substantive changes to the Youth Bill of Rights, which addresses conditions for youth in juvenile authorities or corrections. There was no objection to revisions.

➡ **Support SB 1161.**

- **SB 1165 (Mitchell/Block) Pupil instruction: dating violence, sexual abuse, and sex trafficking prevention education** requires the Instructional Quality Commission to develop a distinct category of instruction and education on dating violence, sexual abuse and sex trafficking prevention education in the Health Framework for California Public Schools. Mr. Baker said the County has not yet taken a position, but will likely support it.

- ▶ Supervisor Mark Ridley-Thomas, District 2, has a particular interest in this issue so a call to his Office may help.

➡ **Support SB 1165.**

B. Federal Legislation of Interest:

1) HR 4260: "Ryan White Patient Equity and Choice Act", Ellmers:

- Mr. Baker said the County position will likely be opposed. The timing of the bill is inopportune. The ACA is in its infancy with policy people still working with the Federal and State governments to determine what services are covered or not and by whom. Too much is in flux.
- The Administration has—to most people's surprise—collapsed Ryan White Parts C and D. That has created consternation in the Ryan White policy advocacy community. Mr. Vincent-Jones noted that last year's Ryan White Reauthorization Principles recommended such a move.
- Congressional offices – conservative, liberal and offices that originally authored Ryan White – have all stated they do not intend to touch Ryan White for approximately two years and the result will be detrimental if it is forced.
- According to Mr. Baker, the bill was developed with a small subsection of clients rather than significant community input. It has not been discussed in any of the main Ryan White policy venues that have shaped Ryan White for the last 25 years. Mr. Baker said he was not averse to pushing a good bill. This is not the time and this bill will not move.
- Mr. Fox felt the bill could be watched for future developments as it reflects views of at least one large provider.
- Mr. Vincent-Jones felt the Commission should be informed about all pertinent legislation. This particular bill includes several provisions consistent with Commission suggestions so it may receive questions about those provisions. He reminded everyone that, opportune or not, it was certain core medical percentages would not be imposed, but they were. He would rather be prepared to address something that does not happen than be caught off-guard.
- Mr. Fox said the Commission has already supported pertinent positions in its Reauthorization Principles. This bill includes some interesting items and valid concepts, but also components that he thought the Commission would oppose. Mr. Baker noted it limits medical homes to those run by Ryan White so, e.g., an FQHC could not be a medical home.
- Mr. Vincent-Jones suggested a brief on the bill that acknowledges the Commission supports some provisions, e.g., the medical home concept, and details how Commission positions may differ from those in the bill.
- Mr. Kochems said discussion now would just confuse people.
- Mr. Baker said he recently participated in a call of the Federal AIDS Policy Partnerships Ryan White Subcommittee that historically brings stakeholders together for each cycle of the Act to support reauthorization. This bill was not agendaized. The group was not aware that it had been introduced and could not speak to it.

➡ No position on HR 4260: "Ryan White Patient Equity and Choice Act"; the Committee felt deeper analysis needs to be conducted and a written analysis should accompany any recommendation.

2) Other Proposed Legislation: There was no additional discussion.

10. **COMMUNICATIONS STRATEGY:** This item was postponed.
11. **AFFORDABLE CARE ACT (ACA) IMPLEMENTATION:** This item was postponed.
12. **FEDERAL POLICY:** This item was postponed.
13. **STATE POLICY:** This item was postponed.
14. **COMMUNITY COLLABORATIONS:** This item was postponed.
15. **PUBLIC POLICY COMMITTEE 2014 WORK PLAN:** This item was postponed.
16. **NEXT STEPS:** This item was postponed.
17. **ANNOUNCEMENTS:** There were no announcements.
18. **ADJOURNMENT:** The meeting adjourned at 3:0 pm.